## Office of the Kansas Secretary of State Request for Replacement Advance Voting Ballot DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



1. Affirma	County of		_		
2. Declara	ation				
I declare th	nat my ballot was: 🔲 de	estroyed $\square$ spo	iled □ lost □ no	ot received	
3. Person	nal Information Please	print.			
Name		Residence			
City	State	Zip	Ward/Preci	Ward/Precinct/Township	
4. Addres	ss to Mail Ballot (if diff	erent from residen	tial address)		
Residence	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
county voter where the vo	allot may be mailed only to the registration list, to the voter's oter resides. These restriction ency in the English language	s temporary resident ns do not apply to a	tial address, or to a movoter who has an illne	edical care facility ss, disability or who	
5. Signatu	ure Note: False statemen	nt is a severity leve	el 9, nonperson felo	ny.	
the addres	nly affirm under penalty is listed above. I am enticular will not otherwise vote number (date).	itled to vote an ac	dvance voting ball	ot and I have not	
	(45.67)				
Required	Signature of Voter	r			
	Date (MM/DD/YY)		Phone Number		
FOR OFF	ICE USE ONLY Date App. Rec'd.	Ballot Mailed	Voted in Office Trans	smitted by	